

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G532	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/10/2014
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NAME OF PROVIDER OR SUPPLIER PATHFINDER SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 107 BINKLEY KNOX, IN 46534
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K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/10/14</p> <p>Facility Number: 001046 Provider Number: 15G532 AIM Number: 100245310</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pathfinders Services, Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility was fully sprinklered. The facility has a monitored fire alarm system with smoke detection in corridors and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K010000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K010130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/13/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>	K010130	<p>Fire extinguishers will be inspected monthly and include date and initials. Verification that the fire extinguishers have been checked and that the tag has been date and initialed. Checklists will be reviewed. Person Responsible: Community Supports Assistant Director</p>	04/09/2014			
	<p>Based on observation and interview, the facility failed to ensure 2 of 2 portable fire extinguishers were inspected at least monthly, and the inspections were documented, including the date and initials of the person performing the inspection. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing</p>						

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	<p>the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. This deficient practice affects all clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with Staff # 1 between 12:30 p.m. and 1:25 p.m. on 03/10/14, the service and inspection tags for the portable fire extinguishers located in the kitchen and laundry corridor lacked documentation of monthly checks since January 2014. The evidence of monthly checks prior to that was limited to an initial for the month on the service and inspection tags. Staff # 1 acknowledged at the time of observations, the lapse in the monthly check and failure to include dates for the monthly inspection.</p>				

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K01S056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>						

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	<p>Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>						

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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All</p>						

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	<p>habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on observation and interview, the facility failed to ensure sprinkler heads providing protection for 8 of 8 clients were maintained. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be maintained and free of foreign materials such as paint. This deficient practice could affect all staff, visitors and residents.</p> <p>Findings include:</p> <p>a. Based on observation with Staff # 1 on 03/10/14 between 12:30 p.m. and 1:25 p.m., sprinkler head escutcheons were missing in the office (1) and kitchen (1). A sprinkler inspection report dated 10/15/13 noted "3 escutcheons missing, 1 in the office and 2 in the kitchen." Staff # 1 acknowledged at the time of observations, the escutcheons were missing.</p>	K01S056	The sprinkler heads and escutcheons will be replaced. Sprinkler heads will be checked quarterly maintenance inspections to assure they are in working order. Inspections will be reviewed to assure that maintenance is provided. Person Responsible: Community Supports Assistant Director	04/09/2014

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K01S147	<p>b. Based on observation with Staff # 1 on 03/10/14 between 12:30 p.m. and 1:25 p.m., two sprinkler heads located in the northwest sleeping room were turning green, usually evidence of corrosion. Staff # 1 acknowledged at the time of observation, the sprinkler heads were green.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p>				

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	<p>Based on record review and interview, the facility failed to ensure fire procedures included activation of the fire alarm and use of portable fire extinguishers for the protection of 8 of 8 clients. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review and interview with Staff # 1 on 03/10/14 at 12:50 p.m., the Evacuation Plan which included emergency response to fire did not address activation of the fire alarm and use of available portable fire extinguishers. Staff # 1 acknowledged at the time of record review, there was no guidance to staff for activating the fire alarm and use of fire extinguishers.</p>	K01S147	The evacuation plan now includes instructions for activation of the fire alarm and use of fire extinguishers. Plans will be reviewed annual to assure they include needed instructions. Person Responsible: Community Supports Assistant Director	04/09/2014	

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K01S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility administration failed to ensure all personnel on all shifts are trained to perform assigned tasks and ensure all personnel on all shifts were familiar with the use of the facility's emergency and disaster plans to ensure the safety of 8 of 8 clients. This deficient practice could affect all clients.</p>	K01S152	The sections of the drill form covering emergency lighting will be removed for locations that do not have emergency lighting to assure that it is not signed when there is no emergency lighting. The document is signed by the person who is logged in and completing form on the computer and noted at the top of the form as "Requested by". In addition a field on the form labeled	04/09/2014	

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	<p>Findings include:</p> <p>Based on interview and review of Monthly Practice (fire) Drills with Staff # 1 on 03/10/14 at 12:50 p.m., fire drill documentation on computer generated forms began during the last quarter of 2013. The forms had no documentation of which staff was in attendance during the drills. A single computer generated signature was evident on a section of the form which noted emergency lighting was checked during over night drills on 11/10/13 and 02/21/13. No emergency lights were observed and Staff # 1 said she did not know where these might have been. The documentation lacked any signature record for staff for all shifts since 10/1/13 to date. Staff # 1 said the new forms had no place for signature of staff in attendance and there was no other documentation of those participating.</p>		<p>"Conducted by:" is automatically filled in with the name of the person logged in and matches the name in "Requested by". All other participants are noted in the field labeled "Other Participants" or "Other Reviewers". The drill forms will continue to be electronically signed by the person conducting the drill and will include the names of other participants to assure that all staff are familiar with the emergency and disaster plans. Person Responsible: Community Supports Assistant Director</p>		